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LATIN AMERICA AND THE CARIBBEAN: REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Santiago, Chile, 1999

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INTRODUCTION

This report describes the implementation in the countries of Latin America and the Caribbean of the Programme of Action of the International Conference on Population and Development and constitutes the region's contribution to the global process of review and appraisal of the Programme of Action of the Conference (informally known as "ICPD+5") five years after the holding of the Conference. As such, the report will serve as an input for the meeting of the Commission on Population and Development of The United Nations to be held in March 1999, and for the preparation of the report to be presented by the Secretary-General, pursuant to the recommendation of the Economic and Social Council (1997/42), to the special session of the General Assembly of the United Nations to be held from 30 June to 2 July 1999 in culmination of the review and appraisal process. It will also be presented to the international forum at the Hague (February 1999), organized by the United Nations Population Fund, for the purpose of contributing to the deliberations of the international community at the aforementioned meetings.

This report consists of three chapters. The first chapter contains a brief description of recent socio-economic and demographic developments in the region, detailing the conditions in which the Programme of Action is being implemented. The second chapter analyses the progress made and the obstacles faced by the countries of the region in complying with the commitments undertaken at the International Conference on Population and Development. The third chapter identifies six priority areas for action to move towards the full realization of the objectives contained in the Programme of Action. The six areas are: (i) mainstreaming population issues in strategies, policies and programmes for social and economic development, with particular emphasis on the needs of the poorest groups; (ii) empowering women for genuine participation in decision-making and the promotion of the sociocultural changes needed for the achievement of gender equity; (iii) full exercise of the reproductive and sexual rights of couples and individuals —within the framework of responsibilities shared by women and men— so that they enjoy the best possible health throughout their lifetimes; (iv) effective collaboration between government bodies, non-governmental organizations, local community groups and the private sector for the design, execution, monitoring and appraisal of population and development programmes; (v) international cooperation to mobilize financial, human and technical assistance resources in the area of population and development and to strengthen horizontal cooperation; and (vi) creation of suitable participatory mechanisms for appropriate monitoring of progress in the fulfilment of the objectives of the Programme of Action.

This report, adopted[1] by the Presiding Officers of the Ad Hoc Committee on Population and Development at their open-ended meeting held in Santiago, Chile on 14 and 15 December 1998, is based on a draft prepared by the Latin American Demographic Centre - Population Division (CELADE) of the Economic Commission for Latin America and the Caribbean (ECLAC) in consultation with the Latin America and the Caribbean Division of the United Nations Population Fund (UNFPA) and with substantive inputs from the ECLAC subregional headquarters for the Caribbean and related national reports.

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[1] The delegation of the Argentine Republic submitted in writing the position and reservations of the Argentine Republic for the open-ended meeting of the Presiding Officers of the Ad Hoc Committee on Population and Development of the Economic Commission for Latin America and the Caribbean on the review and appraisal of the implementation in Latin America and the Caribbean of the Programme of Action of the International Conference on Population and Development. The text is attached as Annex 1 to this report.

I. THE SOCIODEMOGRAPHIC CONTEXT OF THE REGION AGAINST THE BACKGROUND OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

1. The economic and social situation

The 1990s were marked by the transition to a new development model based on the free play of market forces and resolute liberalization of foreign trade. As part of this transition, progress was made in reforming the State —including the decentralization of public administration and the redefinition of its role in social policy— a task in which little progress has so far been made in many Latin American and Caribbean countries: "Despite the significant steps many countries have taken in reforming their fiscal institutions, policies and administrative procedures, in general it is fair to say that they have not gone far enough to enable the Governments of the region to deal confidently with the challenges they face both internally and globally as the century comes to a close." (ECLAC, 1998a, p.8). Likewise, the countries have achieved greater macroeconomic stability in the 1990s, correcting the severe imbalances in macroeconomic fundamentals that had arisen during the "lost decade", and returned to the path of growth: GDP grew at an average annual rate of 3.5% between 1990 and 1997, exports rose steadily, labour productivity turned positive (albeit only modestly) and inflation fell considerably (Ramos, 1998). Notwithstanding all this, the region's vulnerability to external financial upheavals, internal productive and social imbalances and natural and man-made disasters raises a degree of uncertainty about the ustainability of this economic recovery, which indeed has taken place against a background of persistent disparities between individual countries.

In the first seven years of this decade, most of the countries in the region saw growth in per capita incomes, although distribution is still very unequal (ECLAC, 1998b). The open market economy model meant a number of changes in the sphere of employment, most notable among them being deregulation of contractual relationships, decentralization of production processes in the modern sector (with greater use of subcontracting) and a transfer of jobs from the public to the private sector. While the supposition was that these changes would lead to more efficient use of human resources, resulting in rising productivity and higher wages over the short and medium terms, the evidence available suggests that some of the results have been less encouraging, as real wages, despite a modest recovery, are still lower than they were in 1980, and unemployment and underemployment are showing no clear signs of abating, even though output has grown.

One striking development has been a massive influx of women into the labour market, stimulated by various factors including a rise in their educational levels and a fall in fertility, both of which undoubtedly enhance the ability of women to take decisions in different areas of life.[2] Nonetheless, there is evidence that this increased labour force participation has taken place amid persistent gender inequities, whose manifestations include over-representation in low-productivity work, increasing levels of underutilization of labour, average wages that are lower than men's, and greater job insecurity. Furthermore, this greater female presence in the labour market has not been matched by greater equality between men and women in terms of opportunities to realize their individual potential, especially where the acquisition of political power is concerned.

[2] This increased labour force participation by women is also associated with increasing numbers of female-headed households, particularly in the Caribbean.

Although there were modest declines in poverty rates in a number of countries during the 1990s, in others they stagnated or rose (Morley, 1997). The persistence of poverty can be attributed to the fact that higher-productivity sectors of the economy do not generate enough jobs to absorb the labour supply; what is more, the segmentation that exists in these sectors means that some workers do not see their higher productivity reflected in their wages. This inflexibility —together with other factors such as differing levels of priority in Government policy, the historically unequal distribution of assets and human capital, and low returns on public education for the poor— account for the persistence of acute inequalities in income distribution. Thus, although there is general agreement that a highly-qualified workforce is an essential prerequisite for overcoming poverty and raising the overall productivity of the economy, progress in this area is hindered by low growth in the number of jobs requiring more highly qualified workers.

2. The demographic situation

Economic reorientation, and the social repercussions this has had, do not appear to have had a major effect on the course of demographic transition processes in the countries of the region. Life expectancy at birth has continued to rise, being estimated at 67 for men and 73 for women in 1997. However, the incidence of chronic and degenerative diseases —which usually require difficult and costly treatment— within the mortality and morbidity profile of the population has increased. Infant mortality in the region has continued to decline and is currently estimated at 35 per thousand live births, a rate four times higher than that for Cuba, which has the lowest level of infant mortality in Latin America. Fertility has continued to fall, standing at an estimated 2.7 children per woman in 1997. Although these trends are, broadly speaking, common to all the countries, those that began the demographic transition later (Guatemala, Bolivia, Haiti, Nicaragua, Honduras, Paraguay) still have a total fertility rate (TFR) of over 3.5 children per woman, which accounts for their higher rates of natural population growth (in Nicaragua this rate is 3% a year). Of no less importance is the persistence of sharp differences between the demographic indicators for different social strata and ethnic groups within the countries; for example, estimates for the first half of the decade show that in Bolivia women without schooling (with a TFR of 6.5 children per woman) had almost four more children than those with secondary or higher education (2.7). Such gaps are still found even in countries at a more advanced stage in the transition, such as Brazil, where in 1997 the mean number of children for women with less than four years of schooling was double the number for those with eight or more years.

As the demographic transition has proceeded in the region, the age structure of the population has changed, with older persons becoming more numerous. This is reflected in a degree of stabilization in the annual number of births, resulting in a slower rate of growth in the school-age population; a rising proportion of adolescents and young adults (15-29 years), still growing quickly owing to high birth rates in past years ("demographic momentum"); and a faster growth rate in the proportion of older persons. As a result, both the population of working age and women of child-bearing age have increased their relative weight in the population as a whole, despite a progressive falling-off in their rates of increase. This tendency means that there are major challenges to be dealt with as regards job creation and reproductive and sexual health care, to which the Programme of Action of the International Conference on Population and Development attaches great importance, and in respect of which the latest report on the State of World Population (UNFPA, 1998) identifies priority areas. Since the population of older persons is growing most quickly —because of both demographic and epidemiological transitions— there is another challenge, which is to achieve a degree of equity between generations that is compatible with the objectives, agreed in the Programme of Action, whereby older persons should be valued, the factors that make them vulnerable should be dealt with, and the role played by families and communities in caring for

older persons, particularly women who make up the majority of this segment, should be strengthened. Due to differences in the demographic transition, these changes in the age structure vary between and within countries. Thus, in some countries the number of births has not yet stabilized, which means that these countries have more needs to meet in the fields of education and mother and child health care. Again, the ageing process has marked socio-geographical specificities —such as in certain metropolitan areas containing districts where older persons are very numerous— which need to be factored into the design of policies and programmes.

International migration in the region has traditionally fallen into three main currents: (i) immigration from outside the region, largely of European origin, which has diminished in absolute terms; (ii) migration within the region, which in some cases is clearly cross-border migration, and the scale of which has tended to decrease in recent decades; and (iii) emigration from the region —most of it to the United States, originating mainly in Mexico, Central America and a number of Caribbean countries[3]— which has steadily increased, with contrasting results for countries and communities, such as remittances sent by emigrants and the loss of qualified human resources.[4] International migration, particularly that which avoids official channels, tends to lead to disagreements between countries of origin and of destination. In most cases, this is due to the fact that countries of destination attach priority to their jurisdiction over acts which they consider illegal, while countries of origin place greater emphasis on the human rights of their nationals who, in addition to making a real contribution in the country of destination, are to some degree forced into undocumented migration by restrictions on the mobility of human resources. A more specific problem is the existence of organizations, often of a criminal nature, which profit from trafficking in migrants, both by transporting them and by delivering them to employers in the country of destination. Furthermore, the scale of certain migratory flows and the often permanent nature of the transfers (residence) —such as the movement of Mexican nationals to certain cities in the south-western United States— promote their recurrence; indeed, longer-standing immigrants set up networks providing sociocultural and economic support to facilitate the integration of new migrants, thereby encouraging the arrival of others. Together with the lack of success of programmes to encourage return migration to countries of origin in the region, these factors suggest that migration from Latin America will probably remain at high levels in the immediate future. Given the growing volume of international migration resulting from circumstances favouring easier movement by factors of production, there is a need for the countries to reach agreements, as mentioned in paragraph 10.2 of the Programme of Action, on ways to maximize the benefits of migration and moderate its negative consequences.

During the 1990s, the population of Latin America and the Caribbean became increasingly urbanized; the most recent calculations suggest that all the population growth forecast for the region over this decade will have taken place in urban areas, and that by the year 2000 76% of the region's population will be urban. The relative decline in the rural population is related to its precarious living conditions, sociocultural disadvantages and dispersed settlement patterns; these create difficulties for the provision

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[3] There are other flows, some of which are more historical in nature, such as migration by nationals of small island Caribbean states towards the former colonial powers in Europe, and others are of a new kind, such as migration to Japan by Brazilians and Peruvians. However, these flows are of little statistical significance.

[4] Remittances rose considerably during the crisis of the 1980s, to the point where in 1989 they were equivalent to 15% of GDP in El Salvador and 3% in Guatemala and Nicaragua. In the case of El Salvador it appears that remittances have continued to rise, and it is estimated that in 1995 they were equivalent to 18% of GDP. The loss of qualified human resources, meanwhile, is clearly shown by the fact that the educational levels of migrants to the United States are much higher than the average for the population in their countries of origin (Escobar, 1998; ECLAC/CELADE/IOM, 1998).

of social services and for contacts with production and consumption centres. While urban areas have continued to consolidate, the population of the region has also continued to move into territories that until recently were virtually uninhabited. The historical trend towards concentration of the population in the main city has slowed in a number of countries in the region, and there has been more rapid growth in secondary or intermediate cities (of 50,000 to a million inhabitants), whose comparative advantages are due to their productive dynamism, and which are able to provide the benefits of modern life without some of the problems that affect big cities. This shift in the trend has not prevented the formation of megacities, whose growth is at present attributable more to natural population increase than to migratory flows; their expansion in terms of size and population has resulted – in conjunction with other factors – in serious social and environmental problems. As the Programme of Action points out, this situation calls for enhanced management of urban agglomerations through more participatory planning (paragraph 9.3) and continued efforts towards decentralization.

In recent years the severe environmental cost of populating and exploiting fragile ecosystems has become clear, even in cases where population density is very low. Other instances of environmental damage associated with the territorial distribution of population occur in long-settled agricultural areas that have experienced population growth and concentration of land ownership, and that are consequently being exploited to a point where sustainability is under threat (ECLAC/CELADE, 1995). To address this problem, there is a need to design special policies for ecologically fragile areas (Programme of Action, paragraph 3.29).

3. Population in the current development agenda

One of the paradoxes of the 1990s is that, while a new development model based on the free market as the central mechanism for allocating resources has been consolidated, there has been a growing conviction that the laws of supply and demand alone are not a good mechanism for overcoming poverty, without which greater social equity cannot possibly be achieved, or for ensuring environmentally sustainable development. This has led to a consensus, shared by governments, international bodies and important actors in civil society, on the need for a comprehensive and systemic approach to the goal of viable and sustainable development. A higher level of well-being for the population, which is the primary objective of development, will depend on numerous factors, such as respect for human rights, democratic political regimes, certain minimum levels of equity and social solidarity and, of course, greater availability of material goods and services (and access to these for all sectors of the population), which can only be achieved by higher output, i.e. economic growth, the preconditions for which are macroeconomic stability, an active and efficient role for the State and adequate infrastructure to support production. Given the high degree of interconnection between national economies and the globalization process, another precondition for growth, and one that is increasingly important, is that national economies increase their international competitiveness. The unstable nature of world market conditions means that constant efforts is needed to bolster competitiveness, which cannot be based on over-exploitation of natural resources, lower wages or periodic devaluations, but which has to be achieved by introducing better technologies that can help to increase the productivity of the different factors of production. Since technological change is now predominantly systemic, it can only be used to the full when different agents are involved (companies, research organizations, universities, etc.) and when it is spread throughout the system of production, and this means that there is a need for human resources who are capable of understanding and accepting change. Without human resources of the requisite quality, therefore, no technological change can be introduced effectively.

Human resources are nothing other than the population and, quite apart from the increase in living standards that is the ultimate objective of development, their involvement in the introduction of technical change means that, in labour markets that reflect productivity, everyone is entitled to share in the gains that such change produces, a situation which is inherently favourable to equity. In other words, economic and social development as conceived at recent international conferences —the International Conference on Population and Development, the United Nations Conference on Environment and Development, the World Summit for Social Development and the Fourth World Conference on Women, among others— cannot be achieved merely by establishing enclaves (productive or social) of wealth within poor territories, but must be the product of a whole range of measures enabling growth and equity to be pursued simultaneously, which means that economic and social policies should not inhabit separate worlds but should be operationally distinguishable aspects of a single comprehensive public policy.

A number of interactions arise between population and development, meaning by the latter a process of productive modernization with social equity (ECLAC/CELADE, 1996). It has already been pointed out that highly productive economic activity requires human resources of similar quality, and this entails overcoming deficits in the areas of education, labour training and health care. These deficits, which affect the distribution of income, are also reflected in certain key demographic variables, such as life expectancy at birth and infant mortality, which differ enormously between the poor and the non-poor and between ethnic groups; the most disadvantaged groups have levels of infant mortality up to four times higher than those of the most prosperous socio-economic groups. Fertility also differs between social strata and, as the demographic and health surveys of a number of countries in the region show, women with a lower level of schooling have a high proportion of unwanted births, which reflects a lack both of information and of access to appropriate reproductive and sexual health services. The importance of these differences lies in the fact that high fertility is a factor in the transmission of poverty between generations, since children born in poor households grow up under unfavourable conditions as regards nutrition, health care and education; thus, when they become adults, they will not be in a good position to enter high-productivity occupations and will tend to replicate the low earnings status of their forebears. This cycle is reinforced when the number of children in poor homes is relatively high, as what each of them receives by way of nutrition, education, etc., will be proportionately less. Furthermore, the fact that they reach adulthood in a situation of poverty may mean that they replicate the fertility patterns of their parents.[5] Although fertility patterns are not the main mechanism behind the emergence and perpetuation of poverty, they are one of the ways in which poverty is transmitted between generations.

The sociodemographic conditions obtaining in the region place limitations on its ability to implement the recommendations and agreements that came out of the International Conference on Population and Development, but also provide opportunities. Among the numerous obstacles are the persistence of poverty, insufficient employment generation (especially in higher-productivity sectors), severe shortcomings in terms of social and gender equity, the vulnerability of economic growth, limitations on the full exercise of individual rights, and the weight of sociocultural and institutional inertia. Nonetheless, new conceptions of development and recognition of the deep interactive links that it has with the population —as regards human resources, social equity and environmental sustainability— open up great potential for progressing down the road mapped out by the Programme of Action. The countries

[5] As well as higher fertility rates, poor households have a higher incidence of early (teenage) fertility. There is also a greater proportion of female-headed households, another situation that tends to lead to poverty being transmitted between generations. Finally, the age composition of poor households means that per capita household budgets are lower, so that recourse may be had to child labour as a survival strategy (ECLAC/CELADE, 1996).

of the region have made major efforts in this direction, including measures to modernize the role of the State, rationalization of social spending, further-reaching decentralization initiatives, increased commitment to democracy and recognition of the crucial importance of unconditional respect for the free exercise of individual rights.

II. PROGRESS AND DIFFICULTIES IN IMPLEMENTING THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT IN THE REGION

This section reviews the progress that has been made in the countries of Latin America and the Caribbean in implementing the Programme of Action of the International Conference on Population and Development, and the difficulties that have been encountered, in six areas: (i) involvement of the population in the sphere of public policy; (ii) gender equity and the empowerment of women; (iii) reproductive and sexual rights and reproductive and sexual health in relation to social equity; (iv) the role of civil society; (v) the role of international assistance; and (vi) the monitoring of progress in fulfilling the objectives agreed at the International Conference on Population and Development.

1. Population and public policies

At the time of the International Conference on Population and Development, and in accordance with the agreements reached in the intergovernmental forums on population held in Bucharest (1974) and Mexico (1984), the countries of the region had in place a range of institutional arrangements for incorporating demographic variables into development planning on a technical level and into the design and implementation of population policies. The debates that the International Conference on Population and Development set in train, together with changes in the international environment and in the sociodemographic situation of the region, led to the emergence of new institutional models designed to integrate sociodemographic variables into development policies and programmes.

Although in some cases these changes were the result of operational constraints, owing both to limits on funding and human resources in the public sector and to the reorientation of international cooperation in the area of population, most of them involved deliberate efforts to improve coordination between action taken in the area of population and other public policies, in particular policies to combat poverty and social and gender inequity and to enable citizens to exercise their rights. In general, the purpose of these changes was to enable more efficient and concrete use to be made of sociodemographic information and knowledge to serve the new methods of public management, which include strategic planning schemes, administrative decentralization and targeting of public spending. Such measures are generally consistent with the objectives of the Programme of Action of the International Conference on Population and Development, which refers to the need "... *to fully integrate population concerns into: (a) development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations; (b) all aspects of development planning* ..." (Programme of Action of the International Conference on Population and Development, paragraph 3.4).[6]

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[6] Brazil, Jamaica, Nicaragua, Panama, Peru and Trinidad and Tobago are some of the countries that made progress in the institutional area. In 1995, Brazil set up a National Commission for Population and Development, consisting of representatives from ten ministries and experts from academic bodies and civil society organizations, including several women's organizations, participating in a personal capacity. In Jamaica, after population policy was brought into line with the guidelines produced by the International Conference on Population and Development, it was decided that the Intersectoral Coordinating Committee for Population Policy should be replaced with a Population and Development Commission of a technical nature, which will deal with the broad area of sustainable development. In 1997, Nicaragua set up a National Population Commission attached to the Social Cabinet, the main function of which is to coordinate the implementation of the population policy ratified in 1998. In Panama, the Social Cabinet set up a Technical Committee for Population (COTEPO) as an advisory body; the Committee serves as a forum for

By replacing their old development planning models with multisectoral strategy and policy design, Governments were able to concentrate official action on promoting social development and reducing poverty. Although this approach makes it easier to integrate demographic variables explicitly into development planning, this aim has been harder to realize owing to political and technical difficulties in the way of producing a consensus among the various important actors in society, in terms of an objective view of what population scenarios are desirable and what measures should be taken to achieve them. Nonetheless, progress has been made in incorporating demographic variables into specific policies and programmes.[7] The constraints encountered when seeking to integrate demographic variables into public programmes have been less problematic in areas more narrowly defined, by sector or locality, for example.

Population estimates and projections are indispensable for assessing the scale of future needs and demands in different sectors —in areas such as health care, social security, employment, education, housing and infrastructure— and for evaluating the amount of resources that will have to be mobilized to attend to them; evaluations of this kind have been facilitated by advances in knowledge about the specific interactions of population and sectoral objectives (ECLAC/CELADE/IDB, 1996). Again, the availability of sociodemographic information broken down to different levels of geographical detail, which has been made possible by the development of new data processing systems such as REDATAM and ZonPlan, has been a factor in enabling subnational authorities —municipal ones in particular-- to carry out the new tasks, such as designing and monitoring social programmes, administering services and targeting resources, that have devolved upon them because of the policy of decentralizing public management followed in most of the countries in the region.[8]

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discussion, formulation, monitoring and assessment of public population and development policies. In Peru a Ministry for the Advancement of Women and Human Development (PROMUDEH) was created, with responsibility for formulating and implementing the National Population Plan 1998-2002; a national commission with eight representatives at vice-ministerial level was set up to coordinate the Plan, and a tripartite board was established between the Government, non-governmental organizations, academic bodies and international organizations to monitor implementation of the Programme of Action. In 1996 Trinidad and Tobago adopted a National Population Policy. Other countries have chosen to consolidate the bodies that existed before the International Conference on Population and Development, rather than establish new institutions. Perhaps the most noteworthy case is Mexico, whose National Population Council designed a National Population Programme for the period 1995-2000, which is being implemented with the participation of State Population Councils (COESPOs), under the authority of the governors of the federal states. In Bolivia, population issues were incorporated as a cross-disciplinary theme in the four "pillars" (opportunity, equity, institutional framework and dignity) of the General Economic and Social Development Plan for 1997-2002.

[7] Particular mention should be made here of the case of Peru, which explicitly considered lack of access by the poor to reproductive health services as an important dimension of social inequity. A number of other countries —such as El Salvador, Jamaica, Nicaragua and Panama— included population components in their social development policies. Even some of the countries that do not have explicit population policies, such as Bolivia, have policies and programmes that are consistent with the guiding principles of the International Conference on Population and Development.

[8] A multitude of initiatives in this field have taken advantage of the availability of census databases in the REDATAM format. In Chile, for example, census micro-databases have been made available to all the municipalities in the country. The Municipality of San Pedro Sula, in Honduras, has set up a local information system with an extensive database, which is also used by the private sector, making it self-financing. With the support of UNFPA, the experience gained in San Pedro Sula is also being made use of in other countries in the subregion such as Guatemala, Nicaragua and Panama. In Brazil, the North-Eastern Development Authority has promoted the use of sociodemographic information in the planning departments of the country's poorest municipalities.

Although there has been progress in the management and use of sociodemographic data in development planning, much remains to be done to achieve genuine institutionalization of this practice. In particular, much greater efforts are needed to improve sources of basic data (censuses and surveys) and appropriate processing systems, to ensure that efficient and effective use can be made of this information; furthermore, existing mechanisms need to be adapted to the need for full and timely dissemination of the data. These efforts will be in vain unless the right human resources are there to carry out the complex exercise of incorporating sociodemographic information and knowledge into development policies and programmes. By virtue of sustained training efforts, some of the countries in the region already have a critical mass of professionals and specialists trained in population issues; a similar human resources training strategy should be extended to the other countries of the region. Future progress in this field will depend both on a constant supply of new specialists and on constant retraining, which is essential if action in the field of population is to meet the guidelines laid down by the Programme of Action. It is particularly important that effective support should be provided for conducting the 2000 round of national population and housing censuses; data from these censuses will be essential for meeting the needs of the population and ensuring fulfilment of the objectives contained in the Programme of Action.

2. Gender equity and the empowerment of women

During the 1990s the process of raising public awareness about the historical discrimination against women in the nations of Latin America and the Caribbean has continued vigorously, and has resulted in changes in laws and legal systems, the establishment of institutions (both governmental and non-governmental) and the adoption of policies and programmes, the purpose of all these measures being to improve the situation of women, and particularly those living in poverty. The progress achieved includes rising school enrolment rates for girl children and adolescents and young women, who have now surpassed males in this respect in most of the countries; a steady increase in the number of women in paid work; and a narrowing of the gap, in some countries, between the pay of men and women doing similar work.

Women's organizations, strengthened by progress in democratization, have played a crucial role in this process, which has been guided by two fundamental principles of the Programme of Action: the empowerment of women and gender equity. Empowerment refers both to increasing participation by women in all areas of society and to the strengthening of women's organizations so that they can work in a concerted fashion within the political system for real equality of rights, opportunities and results. Gender equity means replacing traditional male domination with relationships of cooperation between men and women in all spheres; it therefore implies a profound cultural shift to reshape the patterns of interaction between women and men in the family, the school, the workplace and cultural and political life, giving flexibility to social gender roles and accepting sociocultural diversity.

In response to the growing concern in Latin American and Caribbean societies about manifest gender inequities, some countries have created ministries responsible for women's affairs.[9] In accordance with the guidelines laid down by the Programme of Action, these government departments have given priority in their agendas to issues such as domestic violence, the exercise of reproductive and sexual rights and the provision of appropriate reproductive and sexual health services. Other countries have opted to strengthen national institutes for women, which are generally open to participation by institutions from

[9] For example, in 1996 Peru set up the Ministry for the Advancement of Women and Human Development (PROMUDEH), and in 1997 Panama set up the Ministry for Youth, Women, Children and the Family.

civil society.[10] Of course, the creation of these bodies has been accompanied by the formulation of national policies and programmes to strengthen the position of women and equality of opportunity.[11]

In recent years most of the countries in the region have passed laws to prevent, punish and eradicate domestic violence. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (1994) and the model legislation prepared by the Caribbean Community (CARICOM) for the Caribbean countries are important milestones along this road. This legislation has been implemented by setting up family courts, law clinics, special police stations or police units trained to deal with reports of domestic violence, special prosecutors' offices for women and unprotected minors and municipal centres for the defence of children and adolescents. Legislation has also been passed to prevent and punish sexual harassment. As regards legislation on sexual violence against girls, a recent assessment made in five countries (Brazil, Chile, Colombia, Nicaragua and Peru) concluded that in three of them progress was made following the International Conference on Population and Development, while new legislation is going through in the other two; nonetheless, there are still regulatory inadequacies in at least four of those countries (Latin American and Caribbean Women's Health Network, 1997). Since the end of 1997, meanwhile, the Office of UNIFEM in Barbados has been running a campaign for a life free of violence against women (*Women's Human Rights Campaign: A life free of violence*) in which twenty-one Caribbean countries are participating.

Other legal measures that are contributing to gender equity in some countries of the region are those that aim to encourage responsible parenting, establish equal rights for children born in and outside wedlock, authorize the use of advanced technology to determine biological parentage and make alimony rulings speedier and more effective. In the institutional political sphere, numerous countries (among them Bolivia, Brazil, Costa Rica, the Dominican Republic, Ecuador, Mexico, Panama, Peru and Venezuela) have introduced provisions in their electoral legislation to ensure that a minimum proportion of candidates in popular elections are women. This minimum proportion is 40% in the case of Costa Rica, and varies between 20% and 30% in the other countries. However, this electoral quota system alone is not sufficient to ensure equitable representation of males and females in elected offices. "Affirmative action" in this sphere should be accompanied by a leadership training process among women and by effective campaigns for equal opportunities in the political sphere.

The empowerment of women requires, among other things, that their reproductive and sexual health care needs should be met. Their participation in the relevant programmes —of which they are the main when not the only beneficiaries— should embrace the design, management and follow-up of these programmes. This involvement, which may be built into the programmes themselves or stem from community monitoring and supervision, should ensure that services are provided in a way that takes account of the priorities of all groups of women, but particularly poor women, who make up the majority of users, and adolescents, who often lack outlets to express their concerns. Although significant progress has been made in this area, through measures to ensure that women have a greater say in these programmes, or by using mechanisms to secure participation by women's non-governmental organizations in the design and

[10] These institutional arrangements were put into practice in a number of Central American countries and Ecuador. In Costa Rica, in addition to the National Institute for Women, ministerial and sectoral women's offices were set up under different government departments.

[11] In Bolivia, for example, Supreme Decree 24648 was promulgated recently (October 1997), establishing equality of opportunities for men and women. In Venezuela a National Plan for Women was formulated for the five-year period 1998-2003, with contributions from various ministries and non-governmental organizations.

planning of activities in the field of reproductive and sexual health,[12] there are still lags in this regard, and such initiatives have not yet been put into practice in a great many countries.

Since both men and women have a part to play in empowering women, gender inequities can only be overcome if there is a change in mentality throughout the society, a point reflected in the Programme of Action: "*Changes in both men's and women's knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women*" (paragraph 4.24). A number of studies point out that one obstacle to such a change of mentality is the existence, in the countries of the region, of a "patrifocal or androcentric model", which is part of men's subjective outlook and an element in the pattern of gender relations that has prevailed since colonial times. These studies reveal an increasing awareness of the negative consequences of the traditional paradigm of masculinity, not only for women but also for men, while at the same time they detect the emergence of alternative models which include, among other aspects, expression of affection and emotion by men and participation by them in reproductive and household activities traditionally regarded as female (IPPF, 1998a).[13] In this regard, many countries have incorporated a gender approach into national sex education programmes with the aim of encouraging people to exercise sexuality and parenthood responsibly; in some cases, use is also being made of educational strategies for the adult male population.[14] In recent years there has been an upsurge in men's groups which, while not playing the kind of active role that is associated with women's organizations, are trying to replace the traditional model of male domination with one of cooperation, companionship and shared responsibility.[15]

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[12] Some examples of such participation mechanisms are: the Intersectoral Committee of Women in Health of the National Health Council in Brazil, set up in 1997, and the Inter-agency Group for Reproductive Health in Mexico, in which government bodies and non-governmental organizations participate. Other countries are currently designing similar mechanisms; in Peru, the National Programme for Reproductive Health and Family Planning makes provision for local monitoring by women's non-governmental organizations. Nonetheless, this new openness has come up against obstacles. One of them is resistance to the idea of changing the vertical method traditionally used to plan and administer services, which generally excludes institutions from civil society. Another obstacle is the reluctance of women's non-governmental organizations to work together with agencies of Governments with which they disagree; conversely, some Governments have been unwilling to involve non-governmental organizations.

[13] Many Caribbean countries have adopted new measures to encourage more responsible sexual and reproductive conduct on the part of men, using programmes of information and education and child support laws to encourage them to play a more active role in the family. With the same ends in view, the Family Planning Association of Barbados organized a public meeting called Men talking to Men; in Jamaica a programme called Fathers Incorporated was set up; and in Peru counselling programmes were created to promote more active participation by men in family planning.

[14] For example, the National Programme for Responsible Motherhood and Fatherhood in Cuba provides for women and their partners to be educated jointly in different aspects of reproductive health; Paraguay has a Programme of Reproductive Health and Family Planning for members of the armed forces and the national police force. Mention should also be made of the Male Support Programmes organized by the Ministry of Culture and Gender Affairs of Trinidad and Tobago with the involvement of non-governmental organizations, which include information, education, counselling and services.

[15] An assessment of the experiences of these men's groups, with the aim of using them in the design of policies and programmes, was carried out in 1998 at the Regional Conference on Gender Equity in Latin America and the Caribbean, which considered the challenges arising from the male sense of identity, and at the symposium on the theme, "Male participation in sexual and reproductive health care: new paradigms", which adopted a declaration by men against violence against women.

3. Reproductive and sexual rights, reproductive and sexual health and social equity

3.1 Progress in legislation and programmes relating to reproductive and sexual rights

The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so has been widely recognized by the countries of the region since the World Population Conference held in Bucharest (1974). This recognition is laid down in the constitutions of some countries, in population laws and policies, in health care plans or in national family planning programmes. The Programme of Action takes a quantum leap forward in this area by supporting a new strategy that emphasizes the integral relationship between population and development and "focuses on meeting the needs of individual women and men, rather than on achieving demographic targets" (Sadik, 1995). The new conception of reproductive and sexual health forged at the International Conference on Population and Development represents substantive progress: for the first time, it is agreed that "*reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents*" (Programme of Action, paragraph 7.3). This new conception transcends the narrow field of family planning, as it broadens the horizon of these rights to the entire realm of reproduction, sexuality and gender relationships.

Following the International Conference on Population and Development, some countries —among them Antigua and Barbuda, Barbados, Brazil, Ecuador, Jamaica, Mexico, Peru and Trinidad and Tobago— revised their legislation or have passed new laws designed to guarantee that reproductive rights can be exercised and, within this framework, to ensure non-discriminatory access to reproductive and sexual health services.[16] Although most of the countries have accepted the concept of reproductive and sexual health, at least nominally, in their public or health care policies, only a few (Bolivia and Panama, and some others) explicitly include sexual health as an important component of reproductive and sexual health. It should be noted that the International Conference on Population and Development issued a warning about the risk of injuring reproductive rights when quantitative targets are set for fertility; to replace these, it emphasized the need to consider qualitative objectives that empower individuals and couples to take free and informed decisions about the number and spacing of children and about the contraceptive methods they consider right for them. In general, this recommendation has been followed, and although some countries have kept demographic targets in their population policies or programmes, they have taken measures to avoid undue pressure being placed on potential users.

3.2 Progress in sex education and reproductive and sexual health education

In most of the countries in the region, the incomplete biology-oriented view of sex education that was still the norm in the 1980s has tended to be replaced with an interdisciplinary approach, cutting across different subjects in primary and secondary educational curricula, and aiming both to develop attitudes and values and to provide an adequate understanding of the notions of gender, citizenship and reproductive and sexual rights. One important step forward has been the introduction, in some countries, of sex education and reproductive and sexual health education in the training programmes of future

[16] One example is that of the 1998 constitutional reforms in Ecuador, which placed reproductive and sexual rights among civic, economic, social and cultural rights; the sections of the constitution relating to the family also mention reproductive and sexual health.

teachers.[17] Again, since the International Conference on Population and Development various programmes of non-formal education dealing with population and reproductive and sexual health have developed in the region, often combined with literacy initiatives and innovative programmes aimed at workers in companies, cooperatives and labour unions in the formal and informal sectors and their families; non-governmental organizations have played an active role in these programmes.[18] Lastly, there have been experiments with new methods of education, consistent with International Conference on Population and Development directives, that aim at training individuals and communities to become dynamic agents in the conversion of supply-driven health care programmes into demand-led ones.[19]

The Programme of Action addresses the need to "*ensure that indigenous populations receive population- and development-related services that they deem socially, culturally and ecologically appropriate*" (paragraph 6.24). This injunction is particularly valid for the region, since many of its indigenous peoples live in conditions of marginalization and poverty, with high levels both of observed and unwanted fertility and of infant mortality. Following the directives of the International Conference on Population and Development, UNFPA has implemented a regional strategy of reproductive health for indigenous populations in Bolivia and Peru, which includes bilingual literacy training dealing with rights and with sexual and reproductive health.

3.3 Progress in reproductive and sexual health services

Coping with the demands inherent in the introduction and consolidation of comprehensive reproductive and sexual health services requires not only the extension of care to all stages of the sexual and reproductive life cycle, including adolescence, but also the adoption of a multisectoral and multidisciplinary strategy to encourage participation by civil society and the beneficiaries themselves, ensure that the needs of vulnerable groups are met and promote the empowerment of women and gender equity. In accordance with the spirit of the Programme of Action, this strategy should fully respect personal convictions and prevent any form of discrimination, coercion or force. Substantial efforts in this respect are being made in the region, with the participation of Governments, non-governmental organizations, the private sector and international bodies, the focus being on adapting institutions and training human resources.

A great many countries in the region have reviewed their institutional health care structures with the objective of placing existing authorities with responsibility for maternal and child health and family

[17] For example, the University of the West Indies and the Family Planning Association of Trinidad and Tobago have organized a programme of education for family life, which is given at the School of Education.

[18] Participants in these programmes include plantation, sugar mill, hotel and tourism workers in the Dominican Republic and employees of *maquila* plants in El Salvador and Nicaragua and of industrial firms in Haiti and the north-eastern states of Brazil. Work has also been done with young people taking part in occupational training programmes; thus, in rural areas of Paraguay 6,000 young instructors have been trained in sex education and gender equity. In Venezuela, education in sexual and reproductive health and in gender equity has been incorporated into a programme of training for productive employment run by the Ministry of Youth.

[19] Particular reference should be made *to community education bearing on the sexual and reproductive health of adolescents and adults*, which aims to develop the ability of individuals to make decisions about their emotional lives, sexuality and reproductive health, with activities that simultaneously involve schools, the community, health care services and the media. This involves schools holding sessions of conversation about emotion and sexuality, which foster dialogue between students, teachers and parents on issues of sexuality and reproductive health, supported by professionals in health care, sex education, psychology and ethical guidance.

planning under new agencies whose function is to implement the reproductive health care approach incorporated in the Programme of Action. In a number of countries integrated programmes of reproductive and sexual health care have been formulated, comprising perinatal care, family planning, the prevention of miscarriages and treatment for their complications, the prevention of sexually transmitted diseases (STDs), reproductive tract infections and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), early detection of cancers of the female reproductive system, prevention of sexual and domestic violence, and sexual and reproductive health care for adolescents. In other countries (such as Dominica and Guyana), some reproductive and sexual health components have been included in national health plans or women's health programmes. A number of countries are implementing health sector reform measures such as decentralization of services, including reproductive and sexual health services. Institutional change has proved complex, due both to the weight of bureaucratic inertia —which tends to keep provision, planning, training, monitoring and evaluation segmented from one another— and to management weaknesses.

The experience of the countries suggests that there is still only limited understanding of the concept of reproductive and sexual health, owing to the persistence of traditional attitudes towards gender and the opposition that this approach arouses among some sectors of society. Underqualified service providers are believed to be one of the main causes of weakness in health services in general and reproductive and sexual health care in particular. Although training efforts have been undertaken in a number of countries,[20] there are still shortcomings —such as lack of content relating to sexuality and sexual health, the omission of the central theme of reproductive and sexual rights and the absence of a gender perspective— that are making the transition to a comprehensive reproductive and sexual health care approach difficult. An important initiative aimed at remedying these shortcomings is the Master's Course in Sexual and Reproductive Health for Central America offered by the Faculty of Medicine of the Autonomous University of Managua, with financial and technical support from UNFPA.

3.4 Progress in the sexual and reproductive health of adolescents

Even before the International Conference on Population and Development, teenage pregnancy was an issue of particular concern in all the countries of the region, since it involves individuals who have not yet attained sufficient biological and psychosocial maturity. It also tends to erect educational and social barriers, which reduce the opportunities for adolescents to achieve self-fulfilment, qualify themselves for productive work and prepare for the effective exercise of their rights as citizens. Since teenage pregnancies are more common in poor groups, their negative repercussions —for the parents and for the offspring— are commonly a factor in the transmission of poverty from generation to generation. The persistently high figures for teenage pregnancy heighten the concern; in the region, fertility rates among women aged under 20 have fallen more slowly than among other age groups, and in some countries have even risen, so that their share in total birth rates have increased. Another important aspect is that sexual activity among adolescents tends to be unprotected, so that it can result in unwanted pregnancies, the establishment of premature and unstable unions and greater risks of contracting STDs and HIV/AIDS.

Initially, the measures taken by the countries of the region to cope with the problem of teenage pregnancy consisted in helping the individuals concerned to remain in the educational system or enter the job market. In recent years, while these measures have not been abandoned, the emphasis has been put on

[20] Courses on safe motherhood, contraceptive techniques and the diagnosis and treatment of sexually transmitted diseases have been held in a number of the countries of the region.

preventing pregnancy and sexually transmitted diseases. Experience has shown that simply giving teenagers access to reproductive and sexual health care or family planning services of the sort normally available to adults is an insufficient response; consequently, a number of countries have implemented programmes that, as well as giving care to pregnant women, provide specialized reproductive and sexual health care services to adolescents.[21] Some Caribbean countries (Barbados, Grenada, Jamaica and Trinidad and Tobago) have health care programmes for teenage mothers, including information, education and communication components, most of them managed by non-governmental organizations. It may be concluded, then, that in the wake of the International Conference on Population and Development the stage in which concern was at the forefront has given way to one in which action predominates.[22] Still, progress in the direction laid down by the Programme of Action has been accompanied by difficulties: the still limited coverage of services, which have a strongly urban bias; the scarcity of staff trained to provide reproductive and sexual health services for adolescents (especially as regards education and counselling); poor coordination between public bodies, private agencies and non-governmental organizations; and continuing disagreements about the value structure that should govern the delivery of services.

3.5 Advances in safe motherhood

Safe motherhood is a central component of the concept of reproductive and sexual health contained in the Programme of Action, and includes the opportunity both to enjoy freely-chosen and healthy motherhood and to experience a pregnancy and childbirth and give birth to healthy babies. The current situation in the countries of Latin America and the Caribbean is far from meeting these fundamental objectives. The undeniable and worrisome persistence of maternal mortality, despite being almost entirely preventable —through the prevention of high-risk pregnancies and appropriate and continuous ante natal care— affects chiefly poor women. Although the exact incidence of maternal mortality cannot be determined, owing to difficulties in identification, classification and registration, some estimates are available (UNFPA, 1998b). In the region as a whole, it is calculated that the lifetime risk of dying from pregnancy or childbirth-related causes is one in 130, a ratio almost 14 times higher than that for the developed countries; this indicator varies considerably from country to country and is as high as one in 26 in Bolivia (WHO/UNICEF, 1996). According to data from demographic and health surveys conducted in the 1990s, there were more than 200 deaths per 100,000 live births in three countries of the region (Bolivia, Haiti and Peru), and between 100 and 200 per 100,000 in four others (Ecuador, El Salvador, Guatemala and Paraguay) (ECLAC, 1998b).

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[21] This is the case with the Muchachas y Muchachos programme of the Bertha Calderón Hospital in Managua, Nicaragua; the centres for integrated care for adolescent development at the Percy Boland Maternity Institute in Santa Cruz and at the Jaime Mendoza Hospital in Sucre (both in Bolivia); the Centre for Integrated Sexual and Reproductive Health Care of APLAFA in Caracas, Venezuela, and the Integrated Youth Services (SIJUs) in Riobamba and Esmeraldas, Ecuador. In Costa Rica, El Salvador, Mexico, Panama and the Dominican Republic, national programmes of reproductive and sexual health care for adolescents have been introduced. Peru has a health programme for school students and adolescents which includes reproductive and sexual health services.

[22] In October 1998 a Caribbean Youth Summit was held in Barbados under the auspices of the UNFPA office for the Caribbean. This helped to raise awareness about the health and rights of young people as regards sexuality and reproduction, and it produced a Regional Plan of Action. Likewise, the Jamaican Ministry of Health has designed a Plan of Action for Adolescent Health (1996-2000) and the Government of Saint Lucia is preparing a programme for the prevention of teenage pregnancy. In Colombia, Costa Rica and El Salvador, special rules for adolescent health care have been established.

Generally, high levels of maternal mortality reflect deficiencies in quality and coverage in health services, particularly in the area of reproductive and sexual health. The lack of human and physical resources leads to many easily avoidable maternal deaths, especially in poor population groups; in Mexico, for example, the maternal mortality rate for the state of Oaxaca, where the population is highly marginalized, is eight times higher than that for the state of Nuevo León (CONAPO, 1996). In Bolivia, the rate of maternal mortality in rural areas is estimated to be four times as high as that for urban areas (INE/Macro International Inc., 1994). The death of a woman as a result of pregnancy or childbirth therefore reveals a form of social injustice, reflected both in her insufficient access to quality reproductive health services and in the limited resources available to her for everyday life. Of course, maternal mortality is an extreme case of insecurity in reproductive and sexual health; it should be borne in mind, however, that for every woman who dies from causes related to maternity, another 30 suffer injuries (including fistulas, anaemia, uterine ruptures, prolapse, pelvic inflammation and injuries to the lower reproductive tract) (UNICEF, 1997). This demonstrates that maternity in the countries of Latin America and the Caribbean involves considerable risks, particularly for women in the most vulnerable social groups.

Maternal mortality and morbidity are linked to severe haemorrhages, infections, abortions in unsafe conditions, eclampsia, ectopic pregnancy, embolisms and various indirect causes (anaemia, malaria and heart disease). In particular, abortions carried out in septic conditions cause more than a fifth of maternal deaths —directly, or because of complications— in Latin America and the Caribbean (WHO/World Bank, 1997; Gómez, 1997). A safe motherhood strategy needs to combine provision of services to prevent unwanted pregnancies and care to prevent miscarriage or deal appropriately with complications when it does take place. Routine care during pregnancy, emergency treatment of obstetric complications, an increase in the proportion of hospital births (and births attended by trained staff) and monitoring during puerperium can all contribute to healthy motherhood.

Since any pregnancy involves risks for the mother's health, improved access to reproductive and sexual health services, particularly for the groups at greatest risk —adolescents, women over 39 years of age, and women who give birth frequently— can contribute decisively to reducing maternal mortality and long-term health problems. Preventive measures to avoid unwanted pregnancies and measures to ensure timely treatment of complications are highly cost-effective, since they not only prevent illness, injuries and premature deaths but also reduce the need for complicated operations and special care for women suffering from various limitations. Nonetheless, in addition to quality reproductive health services, safe motherhood requires full empowerment of women to enable them to exercise their rights, including reproductive and sexual rights, and make free and well-informed decisions.

Although chronological series of estimates of maternal mortality in the countries of the region are lacking, some indicators —such as the decline in the proportion of unwanted births, improved access to health services and relative stabilization of the absolute number of births per year— give grounds for believing that it has become less common in recent years. According to data from demographic and health surveys, the coverage of prenatal care services and the number of births attended by trained staff have increased in most of the countries; nonetheless, these services are still in short supply in rural areas. Contraceptive prevalence rates among women of child-bearing age in couples have risen in the region and are estimated to be around 60% for all methods and 49% for modern methods (UNFPA, 1998a); despite this progress, there are still large differences between countries: whereas some (Brazil, Costa Rica and Colombia) showed levels of coverage similar to those in the United States, others (Bolivia,

Guatemala, Haiti and Nicaragua) showed rates significantly lower than the regional average.[23] Recent surveys show that a far from negligible proportion of observed fertility is unwanted, and this proportion is particularly high in Bolivia (43.8% in 1994) and Peru (37.1% in 1996), countries where a higher proportion of couples use traditional methods, which are generally less effective than modern ones. Lastly, almost all the countries of the region have adopted measures to promote safe motherhood.[24]

3.6 Progress in preventing HIV/AIDS

In Latin America and the Caribbean, as in other parts of the world, the characteristics of the HIV/AIDS epidemic vary between and within countries; however, regardless of these variations, the pandemic is mostly concentrated among the poor. Whereas at its early stages (in the late 1970s) the HIV/AIDS epidemic in the region did more damage among men who had sexual relations with other men and among intravenous drug users, the prevalence of the disease among women has increased, showing that it is increasingly transmitted through heterosexual relations.[25] The evidence also suggests a rapid increase in the proportion of young people (aged 15 to 24) among new cases (UNAIDS/AIDSCAP, 1998). Unlike the situation in the 1980s, the current epidemiological profile of HIV/AIDS in Latin America and the Caribbean favours the rapid spread of the disease: it is taking root in vulnerable communities, including those in rural areas, which are economically disadvantaged and lack the necessary information to avoid risk;[26] they are also characterized by the increasing predominance of young people and the high proportion of women among new cases of HIV infection; the mobility of the population; and internal and

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[23] The gap is particularly wide in the case of modern methods, with prevalence rates varying from 13% in Haiti (1994-1995) to 18% in Bolivia (1994) and 70% in Brasil (1996).

[24] For example, the Safe Motherhood Committee of Bolivia, with the support of UNFPA, is developing a strategy to reduce maternal mortality rapidly, emphasizing improvements in the quality of emergency obstetric care; together with the introduction of maternity insurance, instituted in 1996 to provide free care (financed jointly by the national health system and the municipalities) to pregnant women and children under five years of age, this strategy includes training programmes for medical and paramedical staff, systems for monitoring causes of death and awareness campaigns for leaders and communities. In Peru, the National Population Plan 1998-2002 includes strengthening of the Emergency Plan for the Reduction of Maternal Mortality. Similarly, the Ministry of Health of Ecuador implemented a National Programme for the Reduction of Maternal Mortality; and in the Dominican Republic, the General Directorate for the Advancement of Women —with support from the State health sector and various non-governmental organizations— has formulated a National Mobilization Plan for the Reduction of Maternal and Child Mortality.

[25] For example, more than a third of new cases of AIDS recorded in the English-speaking Caribbean countries were women, mostly aged 15 to 19 (UNAIDS/AIDSCAP, 1996). In Brazil, the ratio of men to women fell from 1 to 16 in 1986 to 1 to 3 (1 to 2 in some areas) in 1998 (UNAIDS/WHO, 1998a); according to UNAIDS estimates —based on the use of models applied to a total of 120,000 AIDS cases (men and women) recorded up to 1997—, some 125,000 adult women are thought to be living with HIV in Brazil (UNAIDS/PAHO/WHO, 1998). A clear example of the impact of HIV/AIDS on morbidity and mortality in Brazil's major cities is São Paulo, where it has become the chief cause of death among women of childbearing age (UNAIDS/AIDSCAP, 1996). Although the prevalence of infection among pregnant women remains relatively low in Latin America, in Honduras it has already reached 1%, and it is over 3% in Porto Alegre, Brazil; the rates are considerably higher in the Caribbean, particularly in Haiti, where a 1993 study found that more than 8% of pregnant women were infected with HIV (UNAIDS/AIDSCAP, 1998).

[26] According to data from demographic and health surveys carried out in seven countries around 1995, nearly all women of child bearing age in cities had heard about AIDS; by contrast, a substantial proportion (between one third and two thirds) of rural women in Bolivia, Guatemala and Peru stated that they knew nothing about AIDS.

international migration, which contributes to continuous and increasingly widespread expansion of the pandemic (Bronfman, 1998; UNAIDS/AIDSCAP, 1998).

The situation of the HIV/AIDS epidemic in Latin America and the Caribbean presents a very uneven picture. The prevalence of the disease is increasing rapidly in some countries (particularly in the Caribbean, Central America, Colombia and Mexico), while elsewhere it seems to be stabilizing (UNAIDS/WHO, 1998a). For the region as a whole, the number of new cases of HIV infection in 1998 is estimated at 200,000, bringing the total number of cases to 1.7 million children and adults; the prevalence rate among persons between 15 and 49 years of age stood at 0.57% (UNAIDS/WHO, 1998b). However, there is still time to stop the spread of the disease in the region; the experience of certain developed countries shows that greater emphasis should be placed on the need for prevention, particularly among young people and the poor. Adolescent girls and young women who are unable to agree on safe sex practices with their partners, or have been sexually abused are particularly vulnerable to HIV/AIDS, as are adolescent boys and young men who lack the necessary information on the subject and whose sexual behaviour is careless. However, it is precisely among young people that there is the greatest hope of tackling the problem; timely measures to improve awareness among the young and to educate them before they are placed at risk is the best way to promote safe and responsible sexual practices, including voluntary abstinence.[27] Ultimately, the behaviour patterns adopted by the young people of today and maintained throughout their lives will determine how the pandemic develops in the coming decades.

Since HIV infection is still incurable and the treatment to extend the life of those infected —using a combination of drugs and anti-retroviral agents— is extremely costly and difficult to administer, the emphasis should be put on prevention. Reproductive and sexual health programmes can play a crucial part in this regard, provided that their components include: information and counselling, particularly for women and for adolescents of both sexes, on the means of transmission of HIV/AIDS —including vertical transmission from mother to child— and on appropriate behaviour for avoiding it; supply and distribution of male and female condoms, which currently represent the only technique for preventing HIV transmission through sexual relations; prevention and treatment of other sexually-transmitted diseases, which increase the risk of HIV transmission; training for reproductive and sexual health service personnel on HIV/AIDS prevention; data collection and research activities regarding knowledge, attitudes, practices and behaviour which affect sexual health, to generate useful knowledge so that more effective strategies for controlling HIV/AIDS can be planned.

Despite the potential of reproductive and sexual health programmes in preventing HIV/AIDS transmission, the corresponding activities tend to be part of vertical and functionally independent programmes. In most of the countries of the region, the media are used to promote awareness of the risk of contracting HIV/AIDS; however, some of these media campaigns have provoked resistance by sectors of opinion hostile to promotion of condom use, to the provision of such information to adolescents or to open discussion of homosexuality. Despite the efforts which have been made, knowledge of HIV/AIDS prevention is still insufficient, particularly among the rural population and the poor. Research and

[27] Many studies show that young people adopt safer sexual behaviour when they have access to information, knowledge and methods and that, if they are given such opportunities, they show a greater propensity to protect themselves than older adults. In Chile, a study conducted in 1996 showed that condom use was more frequent among young people between 15 and 18 than among their elders; similar results have been observed in Brazil and Mexico (UNAIDS/WHO, 1998b).

training regarding specific aspects of the pandemic are taking place in a number of countries.[28] Another related initiative is the inclusion of epidemiology and HIV/AIDS prevention in the curricula of medical schools and faculties of medicine.

In countries where actions for the prevention of HIV/AIDS are among the components of reproductive and sexual health programmes, such as Mexico and Panama, synergies have been achieved. For example, the Mexican programme includes free distribution of condoms at the primary health care level, diagnostic and treatment services at other levels, and an intense campaign of information, education and public communication on HIV/AIDS. In Brazil, the first country to report cases of AIDS in the early 1980s, the areas within the Ministry of Health which were responsible for the health of women, children and adolescents and for sexually-transmitted diseases and AIDS designed common strategies to deal with the problem, with decentralized implementation. This strategy included measures to prevent vertical transmission of HIV —breastfeeding options and administration of AZT— which have yielded excellent results; combined anti-retrovirus therapies, which the health system made available to the public in the early 1990s, have enabled the lives of people infected with HIV to be prolonged and have reduced the number of hospitalizations (CNPD, 1998).

3.7 Progress in equitable access to reproductive and sexual health services

Even though efforts have clearly been made since the International Conference on Population and Development to widen the coverage of reproductive and sexual health services in the region, there are still marked inequities in access to these services, which restricts people's ability to exercise their reproductive and sexual rights fully. More highly educated women almost always have a number of children that is in line with their aspirations; by contrast, a substantial proportion of the children born to those with a low level of schooling are unwanted. In particular, in those countries of the region that are still at an early stage of the demographic transition, unwanted fertility has remained high among poor groups, notwithstanding the decline in their total fertility rate.[29] The obstacles that prevent poor groups from exercising a basic right —actually having the number of children that they want— are associated with unmet reproductive and sexual health needs.

To bring about genuine equity in the supply of reproductive and sexual health services, as well as expanding coverage, the quality of these services needs to be improved. It is also important that Governments should fulfil the commitments entered into at the conference in Cairo regarding the inclusion of the new concepts of reproductive and sexual health into policies for the health sector reforms currently under way in many of the countries of the region. The information available suggests that the quality of the reproductive and sexual health services provided is rather low in many cases, owing to a lack of trained counselling staff able to respond to the needs of different groups —in particular indigenous women, women who are not in a couple (or whose partner is reluctant to use these services)

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[28] One example is the National Programme to combat AIDS (LUSIDA) of the Ministry of Health and Social Action of Argentina. In 1998, under the auspices of UNAIDS and with participation by public institutions, non-governmental organizations and international agencies, LUSIDA organized a workshop on prevention of vertical transmission of HIV in the Mercosur member and associate member countries (UNAIDS, 1998).

[29] Unfortunately, a lack of surveys dealing with sexual and reproductive behaviour and reproductive health in the countries that have progressed further in the demographic transition (such as Uruguay, Argentina and Chile) makes it difficult to know what the situation is in this regard and to determine to what extent more favourable conditions have been created for poorer segments of the population to exercise these rights.

and adolescents— and supply reliable and relevant information to ensure free choice and proper use of the procedures that users select. Furthermore, the quality of services is affected by problems of accessibility and an inappropriate relationship between providers and potential beneficiaries. Better quality will also entail the provision of a wide range of methods, so that individuals can opt for those which are best suited to their convictions and the stage they have reached in the reproductive cycle.[30]

4. Increasing the involvement of civil society

As a result of the State reform and decentralization processes now underway civil society and organizations within it have gained recognition as important actors in development within the region. This has been one of the reasons for the creation of structures to provide for their participation both in decision-making and in the implementation and monitoring of policies and programmes.

Although this participation has not increased at the same rate in all the countries —and in some has experienced setbacks— the efforts made in this direction are in accordance with one of the objectives of the Programme of Action: "*... to promote an effective partnership between all levels of government and the full range of non-governmental organizations and local community groups, in the discussion and decisions on the design, implementation, coordination, monitoring and evaluation of programmes relating to population, development and environment ...*" (Programme of Action, paragraph 15.7). Most of the Governments have in fact taken measures to promote involvement by civil society in the design, implementation and monitoring of policies in the field of population.

In some countries, opportunities for participation have been opened up within the agencies responsible for population programmes.[31] In 1997, Peru created a tripartite committee to follow up the International Conference on Population and Development, with the participation of the Government, non-governmental organizations, and academic and international bodies.

In the Dominican Republic, Uruguay and Venezuela, such participative arrangements were created to follow up on the implementation of the Platform for Action adopted at the Fourth World Conference on Women, which addresses some of the issues dealt with at the International Conference on Population and Development —such as gender equity, the empowerment of women, sexual and reproductive rights and reproductive and sexual health— in all cases with a leading role being taken by women's organizations

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[30] Qualitative shortcomings in services tend to be accentuated in areas where there is a concentration of indigenous people, owing to the insensitivity of health services in general, and reproductive health care and family planning programmes in particular and to the cultural diversity of the communities being served. This is why underutilization of services is recorded in many cases.

[31] Mexico has set up consultative councils for its national population programme; Belize has done the same in its Population Policy Subcommittee; in Jamaica non-governmental organizations and private-sector entities participate in the Coordinating Committee for Population Policy, the IEC (information, education and communication) Committee, the Working Group on International Migration; Colombia has a Technical Advisory Committee for Population and the Environment, which includes universities and non-governmental organizations; in Nicaragua, civil society was given a greater role in the defining stage of the national population policy and throughout the actual formulation of a Plan of Action for that policy; the Government of Venezuela has forged links with the Network of Non-Governmental Organizations for Population and Development, whose objective is to monitor compliance with the agreements arising out of the International Conference on Population and Development; in 1997 the Ministry of Health of Panama began a project for mobilization and coordination of actions by government and civil society in sexual and reproductive health, whose objective is to prepare the National Plan of Action in this field.

and with varying degrees of government involvement. A third type of situation is one where temporary or permanent mechanisms have been set up for dialogue and coordination with civil society in relation to development strategy or the directions to be taken in social development.[32] On occasion, these participative arrangements have enabled civil society organizations to take the initiative to include population issues in the agenda for national debate.[33]

Women's organizations —which played a crucial role when the participation of civil society was being sought and have been strengthened by the formation of national, subregional and regional networks— have sponsored legislative, institutional and public policy changes. In some cases, these changes were pursued in order to create public awareness of the demands and proposals of women, for which purpose agendas or plans of action were drawn up.[34] In others, the action taken was aimed at harmonizing legislation with the objectives of the Programme of Action and the Platform for Action adopted at the Fourth World Conference on Women.[35] Women's organizations have also worked for the adoption of legislation, the establishment of institutions and the formulation of public policies to combat violence against women. Other women's organizations are involved in implementing citizens' supervision and

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[32] Ecuador has begun a long-term strategic planning process ("Ecuador 2025") with the involvement of civil society; the National Commission for Social Development in the Bahamas, which was set up in 1994, has invited non-governmental organizations to participate as partners in development planning; non-governmental organizations, particularly women's NGOs, participate in the Standing Committee for Population Issues established by the Netherlands Antilles in 1994; representatives of the Government, labour unions and civil society sit on the tripartite committee that monitors national policies in Grenada; in 1998 Trinidad and Tobago set up the Civic Council for Social Development as a counterpart to the Interministerial Council for Social Development; the Dominican Republic set up provincial development councils in 1996, organized coordination sessions in 1997 (these culminated in a National Forum on Public Social Policies) and in 1998 staged a national dialogue between the Government, different sectors of civil society –including women's organizations– and the political parties; in Bolivia a similar exercise was carried out in 1997, focusing on the concepts of opportunity, equity, institutional structure and dignity, in which women's non-governmental organizations were actively involved.

[33] One such example is the Forum for Women and Development of Panama, which prepared a National Plan for Women and presented it during the national coordination exercise entitled "Bambito III", which involved the Government and civil society, it was agreed that the Plan should be adopted as public policy as part of the Commitment to Development Pact.

[34] The Women's Forum in Nicaragua, with representation from the economic, political and social sectors of the country, organized the First Symposium on Women and Politics, which culminated in a Minimum National Agenda —to promote equal opportunities for men and women— and in the formation of the National Women's Coalition; the National Women's Task Force of Belize prepared that country's Gender Development Plan; in Venezuela, the Population and Development Network and the National Women's Coordination Office drew up a Plan of Action for the Empowerment of Women and Development 1988-2000; a group of non-governmental organizations in Costa Rica ("Women's Political Agenda"), in which women from government institutions and civil society participate, deals with the issues addressed in the Programme of Action of the International Conference on Population and Development; the Women's Political Coordination Office in Ecuador has set up a bipartite commission to set a joint agenda with the Government, and the Health and Gender Coordination Office carries out activities directly related to the Programme of Action.

[35] In Haiti a group of 23 women's non-governmental organizations is working with parliamentarians to revise laws that discriminate against women; in the Dominican Republic a Committee of Honorary Women Advisers to the Senate was created. In Mexico, the feminist group DIVERSA and eight political parties have agreed on a legislative agenda for women's rights.

monitoring exercises regarding the fulfilment of the commitments entered into by Governments at international conferences related to women's health and rights.[36]

The private sector also plays an important role in the field of reproductive and sexual health, mainly catering to the needs of relatively high-income groups. The middle and lower strata basically depend on services provided by the public sector and non-governmental organizations; whereas the public sector deals with maternal and child health care, disorders of the reproductive system, sexually transmitted diseases and —with varying degrees of coverage— family planning services, non-governmental organizations concentrate on family planning and other specific aspects of reproductive and sexual health, such as early detection of cervical cancer, and provide strong support in the areas of information, education and communication.[37]

The Governments of some countries regard private sector organizations as fulfilling a function that is complementary to public sector services,[38] although in a number of cases it is found that complementarity is hindered by a lack of mechanisms to coordinate the work of non-governmental organizations and Governments, which are sometimes hostile to one another, and by the failure of government officials to comprehend the importance of such cooperation. Some of the obstacles that prevent institutions in civil society from linking up with the public sector arise from institutional deficiencies and the lack of financial resources to carry out sustained projects over long periods of time.

5. The role of international cooperation

International cooperation plays a very important role in promoting population and development activities in the region and providing technical and financial support. Although the countries have tended over the last four decades to internalize and institutionalize a number of these activities and have taken over a

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[36] The Latin American and Caribbean Women's Health Network (RSMLAC) is one of the most dynamic organizations in this field and, with the support of UNFPA and the cooperation of 13 women's organizations, including two national networks, has monitored the implementation in Brazil, Chile, Colombia, Nicaragua and Peru of agreements concluded at the International Conference on Population and Development.

[37] Around 1995, the non-governmental sector met more than 50% of the demand for family planning in seven countries (Haiti, Guatemala, Paraguay, Colombia, Ecuador, the Dominican Republic and Brazil); by contrast, they played a secondary role in countries with major government-run reproductive health and family planning programmes (Mexico, Peru) or wide public health care coverage with reproductive health and family planning components (Costa Rica). The general tendency is towards stabilization or reduction of the role of non-governmental organizations and the private sector; the most substantial reduction has been seen in Bolivia, a fact that reflects the more active role of the public sector in a country where the use of modern contraceptive methods still had a very low prevalence rate (18%) in 1994.

[38] In Mexico the public sector provides training for service providers in non-governmental organizations and supports social marketing programmes for contraceptives; in Trinidad and Tobago there is a programme called "Adopting a Community", which fosters collaboration between the non-governmental organizations, the private sector and the Government in health services, including reproductive health care; the Personal Choice Programme in Jamaica uses private service providers to increase the range of family planning options; in Ecuador and the Dominican Republic non-governmental organizations, the private sector and the community are involved in plans to reduce maternal and infant mortality; in the Dominican Republic, the private sector also participates in the formulation and implementation of the IEC national strategy and the Comprehensive Sex and Family Education Programme.

large part of their financing, some are still dependent upon international assistance, either because the activities are controversial or because national resources are very limited in all areas of development. International financial assistance, provided by both government and private entities, is channelled to the recipients (public and non-governmental entities) through bilateral and multilateral institutions and international non-governmental organizations.[39] In addition to financial assistance, cooperation also extends to the provision of equipment and supplies, technical advice and training. Recently, in accordance with the recommendations of the International Conference on Population and Development, horizontal cooperation among institutions in the developing countries has increased.

Total funding for population activities in the region from international cooperation (disbursements from primary donors or intermediaries to the final recipients), expressed in constant 1987 United States dollars, rose from US$ 67 million in 1987 to US$ 92 million in 1990 and US$ 111 million in 1993; in 1994, the year in which the International Conference on Population and Development was held, the flow increased to US$ 190 million and remained at that level for the next two years.[40] In the biennium 1993-1994 the countries of Latin America and the Caribbean received almost 19% of the world total of international cooperation funding for population activities, a higher percentage than in the biennium 1991-1992 (16%). In the two-year period following the International Conference on Population and Development (1994-1995), the proportion of financial assistance received by the region fell to just above 13% of the total. These figures show that the region has been given lower priority since the Conference; the amount of international assistance for the whole world increased by 77% between the biennium 1993-1994 and the biennium 1995-1996, but funds allocated to the countries of Latin America and the Caribbean only rose by 13% (UNFPA, 1996).[41]

In terms of contributions in kind, in the biennium 1995-1996 the countries of the region received contraceptives worth the equivalent of 10% of total worldwide expenditure, a percentage lower than that obtained in the biennium prior to the International Conference on Population and Development (16%).[42]

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[39] From 1987 to 1996, despite year-on-year fluctuations, non-governmental organizations tended to have the largest role in channelling funds for population activities; bilateral cooperation took over second place from multilateral cooperation. Figures for foreign financial assistance to the countries of Latin America and the Caribbean in 1996 show that non-governmental organizations channelled half of all foreign financial assistance, bilateral agencies just over a third, and multilateral organizations only 16%.

[40] In addition to non-reimbursable financial assistance in the area of population, the countries of the region obtained resources through soft loans; although the amounts involved are substantial, these loans cannot be considered in this analysis owing to the lack of up-to-date information on the amounts involved and the fact that periods of several years are involved.

[41] The countries in the region that received the largest amounts of such international assistance during the biennium 1995-1996 were Peru (US$ 44 million), Mexico (US$ 42 million), Haiti (US$ 40 million), Brazil (US$ 35 million) and Bolivia (US$ 31 million); taken together, they received half of all the international financial assistance to the region for population activities. In per capita terms, the countries that benefited most were Nicaragua (US$ 5.40), Haiti (US$ 5.35), Bolivia (US$ 3.88), Jamaica (US$ 3.28) and Honduras (US$ 2.96). These countries, with the exception of Jamaica, had the region's lowest levels of per capita income in 1995; hence, the distribution of international aid resources was in accordance with the spirit of equity called for in the Programme of Action (UNFPA, 1996).

[42] Except for intra-uterine devices (IUDs), the contributions by the agencies during the three-year period 1994-1996 were below estimated needs; the condoms supplied met 48% of estimated needs, injectables 21% and pills barely 10% (UNFPA, 1997).

In addition to financing and supplies, international agencies and non-governmental organizations provided technical advice and training to national institutions, both governmental and non-governmental, working in the field of population and development. Advisory and training efforts are directed mainly at countries with fewer technical capabilities, the long-term aim being to make them self-sufficient in human resources. Technical assistance makes an important contribution by transferring knowledge and experience between countries. The broadest and most systematic contributions in the sphere of technical assistance in the region are made by the United Nations Population Fund through its Technical Support Team for the countries of Latin America and the Caribbean, and that of CELADE (Population Division of ECLAC).[43]

The United Nations Population Fund (UNFPA), with programme resources totalling US$ 322 million in 1997, is the world's largest source of financial assistance in the area of population. The funds allocated to the countries of Latin America and the Caribbean in 1997 amounted to US$ 36 million, equivalent to 11% of the worldwide total; this was less than the percentage disbursed by the Fund in the region in 1996 (12%). About two thirds (64%) of the resources allocated in 1997 were for reproductive health programmes, including family planning (UNFPA, 1998c). At the same time, the United States Agency for International Development (USAID) budgeted about US$ 140 million per year in 1998 and 1999 for population and health programmes (which include a strong reproductive and sexual health component) in 13 countries of the region; this figure is lower than that which had been allocated to such programmes in 1997 (US$ 167 million). The relative importance of the population and health budget in terms of overall resources allocated to Latin America and the Caribbean by the Agency has trended downwards over the past three years (USAID, 1998).[44] Similarly, the latest annual report of the International Planned Parenthood Federation (IPPF) shows that in 1997 there was an overall decrease in financial assistance to the region from various donor Governments, which shifted their contributions to other regions of the world (IPPF, 1998a). As a result of these cutbacks, the amount of general funding provided by the IPPF to population associations in the countries of Latin America and the Caribbean fell from US$ 13 million in 1996 to US$ 12 million in 1997, and it is estimated to be as low as US$ 10 million for 1998.[45] The priority given to the region in the context of worldwide population activities seems to have continued to fall in recent years, coinciding with greater austerity in contributions for international cooperation.

6. Indicators for monitoring progress in achieving International Conference on Population and Development targets

The International Conference on Population and Development adopted a set of quantitative and qualitative targets for gender equity, empowerment of women, mortality, education, and reproductive and sexual health, some of which reiterate commitments undertaking at previous intergovernmental meetings

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[43] As for international non-governmental organizations, the regional office of IPPF provided financing in 1996 for technical assistance —mostly to its member bodies— of an amount equivalent to US$ 2.6 million (IPPF, 1996).

[44] The amounts allotted to population and health programmes represented 29.4% of the total USAID budget for Latin America and the Caribbean in 1997, falling to 24.8% and 21.3% respectively in fiscal 1998 and 1999. Furthermore, with the passage of time these resources have been increasingly concentrated in three countries (Haiti, Peru and Bolivia), which are slated to receive half of the resources budgeted for 1999.

[45] Nonetheless, faced with this critical financial situation, the region has made great efforts to apply a resource mobilization strategy focused on institution-building and the execution of reproductive and sexual health programmes (IPPF, 1998a).

(such as the World Summit for Children and the World Conference on Education for All), while others were ratified at subsequent meetings (such as the Fourth World Conference on Women and the World Summit for Social Development). This convergence of proposals and orientations shows that targets adopted at the different international conferences need to be monitored in a coordinated fashion using an integrated system of social indicators. Some countries in the region have established mechanisms for monitoring and for measuring success in achieving targets agreed at such conferences.[46] One problem that arises when monitoring International Conference on Population and Development targets is inadequate comprehension of the interrelationships between population dynamics and development processes, both among government officials and among political and social actors. This limitation is compounded by an apparent lack of political will when it comes to complying with undertakings entered into internationally. Another obstacle is the insufficient availability of reliable and relevant basic data with the necessary degree of geographical, social and gender disaggregation to enable progress to be evaluated in a timely manner.[47] The lack of regularity in the carrying out of national population censuses, and the uncertainties which are beginning to arise regarding the financing of future activities constitute a major problem. To these constraints should be added the methodological and technical weaknesses of the instruments used to monitor and evaluate quantitative and qualitative targets in the social field.

[46] The most novel institutional mechanism would appear to be the Summits Monitoring Office set up by the Government of the Dominican Republic. In Bolivia, the Subcommittee for Population Research, Assessment and Policy (SIEPP) and the Ministry of Sustainable Development and Planning have held workshops for assessment and programming of activities related to the recommendations produced by the International Conference on Population and Development and the Fourth World Conference on Women. Other mechanisms that are not expressly designed for monitoring agreements entered into at international conferences but that provide scope for doing so are the Social Indicators Committee in Belize and the Technical Secretariat of the Social Front in Ecuador.

[47] A number of countries carry out regular surveys on demography and health and on living conditions, which could prove to be instruments of great value for monitoring International Conference on Population and Development targets.

III. PRIORITY AREAS FOR IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Given the current situation and the measures which have been taken by the countries of the region to implement the Programme of Action of the International Conference on Population and Development, the reaffirmation of the agreed objectives entails the following six areas of work for the future. First, in the interest of greater social equity, population concerns should be fully integrated into strategies, policies and programmes for sustainable economic and social development, with particular attention to the needs of the poorest groups. Second, the role of women in society should be strengthened and they should be empowered to play a full part in decision-making —from the earliest stages of their lives and on an equal level with men— and steps should be taken to promote the sociocultural changes needed to achieve gender equity, in the context of democratic and pluralist societies. The third task is to ensure that couples and individuals —within the framework of responsibilities shared by men and women— can exercise their rights as human persons, including their reproductive and sexual rights, and enjoy the best possible health throughout their lives. The fourth is to promote effective cooperation among government institutions, non-governmental organizations, local community groups and the private sector in the design, execution, monitoring and evaluation of programmes related to population and development; and the fifth, to reinforce international cooperation and strengthen horizontal collaboration in the area of population and development, mobilizing financial and human resources and technical assistance. Lastly, suitable participatory mechanisms should be established for appropriate monitoring of the fulfilment of the goals contained in the Programme of Action.

1. Population and public policy

One priority in this area is to ensure that, in accordance with the goals contained in the Programme of Action, agencies responsible for the formulation and implementation of social policies —particularly those concerning human resource training and the eradication of poverty— should have the necessary socio-demographic knowledge and information, which in turn requires the strengthening of coordination mechanisms at the intersectoral and inter-institutional levels and among different levels of government. In the interest of improving social and gender equity, that knowledge and information should be oriented mainly towards identifying and meeting the needs of the most vulnerable social groups, among which rates of morbidity and mortality and unwanted pregnancies are high; these problems are generally associated with unequal distribution of the benefits of progress and, in particular, deficiencies in reproductive and sexual health care. To this end, there is a need to explore institutional mechanisms to facilitate participation by various social actors.

The incorporation of population issues into development policies and programmes can be helped by the current State rationalization process which, while it maintains policies of universal coverage for some services, tends to promote the targeting of public spending on the most needy sectors and the decentralization of management. This requires systems for data collection, processing and dissemination to be improved and research and forecasting to be carried out on issues of key importance for development policy, which include:

(a) The ageing of the population —particularly in countries where the demographic transition is taking place rapidly— which puts pressure on the labour market and requires health and social security systems to be strengthened and reoriented;

(b) The specific problems of young people and adolescents, who represent a growing proportion of the population in the region and are therefore of strategic importance for programmes of gender equity, equal opportunities and reproductive and sexual health;

(c) International and intraregional migration which, given its scale and characteristics in certain countries —such as the small island States of the Caribbean— requires dialogue and cooperation between the countries of origin and of destination of such population flows, in order to maximize the benefits of migration and minimize its negative impact on countries and individuals; and

(d) The family, the basic unit of society, in its fundamental role in the socialization of future generations, should receive particular attention in respect of changes in its roles, composition, size and structure, bearing in mind the diversity of its forms and, most especially, the increasing numbers of female-headed households.

In incorporating population concerns into development planning, particular emphasis should be placed on patterns of geographical location, to ensure their compatibility with sustainable development and reduce the vulnerability of communities to natural and man-made disasters.

A basic requirement for ensuring the effective integration of population concerns into public policy and decentralized management is the availability of appropriate, country-wide information from population and housing censuses; very considerable efforts will therefore be necessary to ensure that censuses are conducted in all the countries of the region in the early years of the coming decade. Lastly, it is necessary to ensure that human resource training for the integration of socio-demographic knowledge and information into public policies —at all sectoral and geographical levels— is sufficient to meet current and future requirements.

2. Gender equity, full equality of opportunities and empowerment of women

It is essential that progress should continue to be made, within the framework of the exercise of human rights, towards full gender equity and effective empowerment of women in all social spheres, by strengthening the women's organizations that are fighting for women's rights and equality in both opportunities and results, and by organizing men around gender issues —including the masculine role— in order to contribute to the replacement of a culture of male domination with one of cooperation between men and women. Future tasks involve mainstreaming a gender perspective into development policies and programmes and data collection and analysis activities, learning from the experience gained in some countries, transferring it and broadening its scope until a situation of consolidated and self-sustaining gender equity is attained, guaranteeing absolute equality of opportunities for women. This entails the adoption of appropriate legislation and public policies to enhance opportunities for concerted action between the public sector and civil society to promote gender equity and empowerment of women. In particular, there should be a systematic review of existing legislation —with the participation of legislators, lawyers and representatives of women's and men's organizations— and those laws which obstruct the full exercise of women's rights, including reproductive and sexual rights, should be modified.

Progress should also be made, through integrated and inter-institutional programmes, towards the prevention, punishment and elimination of all forms of violence against women and children and the achievement of equality before the law for men and women. This task should include efforts to promote

awareness among legislators, judges and police officers regarding the need to consider gender equity as a recognized ethical standard.

Assessments should be made, in accordance with the gender perspective, of institutions created to provide protection and support for women suffering from domestic and sexual violence, such as women's shelters, women's human rights advocates, legal services and mobile family care groups.

Analysis is also needed of the social impact of equal opportunities and affirmative action programmes (particularly in the area of employment) existing in some countries, and consideration should be given to the possibility that countries which do not have such plans should establish them, adapting them to their national conditions. In order to encourage cultural changes favourable to the empowerment of women, issues of gender equity and equal opportunities and responsibilities, including reproductive and sexual rights, should be introduced —as cross-disciplinary themes— into primary and secondary education curricula. The media in all their forms should also be used as tools for creating public awareness of social and gender inequalities existing in certain laws, institutions and cultural patterns, and to promote equity. This entails researching the content of advertising and programmes and the way in which these influence the values, attitudes and behaviour of men and women of various age groups, social backgrounds and ethnic origins. In countries having rural indigenous populations with relatively high levels of illiteracy, consideration should be given to the use of bilingual literacy programmes, particularly among women, incorporating a gender perspective and references to reproductive and sexual health and rights. Policies for the eradication of poverty should focus particularly on young people and on the increasing numbers of female-headed households, which tend to be especially vulnerable.

3. Reproductive and sexual rights and health, and social equity

To ensure the fulfilment of the goal of the International Conference on Population and Development regarding the full exercise by couples and individuals —within the framework of responsibilities shared by men and women— of their reproductive and sexual rights in the best possible health throughout their lives, it is essential to persevere in the adoption of measures to guarantee the provision of reproductive and sexual health care services of high quality and wide coverage, particularly for the poor. This entails a commitment to give priority in public spending budgets to education and integrated reproductive and sexual health services. The provision of such services contributes to the health-sector reform objective of harmonizing efficiency with equity. Prevention of unwanted pregnancies —especially among adolescents— and of sexually transmitted diseases (particularly HIV/AIDS) and reproductive disorders produces considerable social and individual benefits; it not only avoids the need to provide costly curative treatments, but also removes some of the obstacles to human capital formation, particularly among poor women.

Regarding HIV/AIDS, successful experiences in its prevention and treatment should be shared so that they can be taken into account in reproductive and sexual health programmes. Another essential component of such programmes is the prevention of maternal mortality, which requires the monitoring of pregnant women from conception to birth, as well as appropriate treatment for complications caused by miscarriages or abortions.

It is also desirable to promote institutional changes ensuring the application of an integrated concept of reproductive and sexual health. An essential requirement for these changes is that human resources —not only in the health and education sectors but also in other social areas— should receive training in population issues and reproductive health, so that a participatory approach with emphasis on equity

(social, gender, ethnic and intergenerational) can be incorporated into the design, provision and assessment of such services at the national and decentralized levels. In the implementation of these changes, it is also necessary to ensure that services are provided with full respect for users' reproductive and sexual rights and that their needs are met in accordance with ethical standards; this requires informed consent and respect for individual choice, and users must be guaranteed the freedom to choose among birth control methods. In particular, improvements are needed in the quality of service provision.

In the definition and implementation of health-sector reform programmes, the highest political priority should be given, in both public and private spheres, to an integrated and participatory approach to sexual and reproductive health. The integration of health, education and population policies should also be reinforced in the context of social policy, and greater efforts should be made to strengthen the creation of educated demand for the services involved.

In order to make reproductive health accessible "to all individuals of appropriate ages as soon as possible and no later than the year 2015" (Programme of Action of the International Conference on Population and Development, paragraph 7.6), it will be necessary to overcome economic, legal and sociocultural obstacles which, particularly for the most socially disadvantaged groups, prevent free and responsible decision-making in the area of reproduction and sexuality and impede access to reproductive health services. An area where it is particularly important to remove such obstacles is that of gender relations, traditionally marked by inequalities and prejudices rooted in a culture of male domination; it is therefore desirable to promote greater involvement by men in family planning measures.

In efforts to overcome such barriers, formal and informal education as well as information, education and communication programmes should promote a broad social consensus in favour of reproductive rights and health as well as social, gender, ethnic and intergenerational equity. It is vital to promote awareness among mass communicators, journalists, politicians and leaders of opinion so that they will help to create favourable attitudes to the necessary legislative changes and the application of the corresponding policies and programmes.

One of the worst-affected groups is that of adolescents, whose access to reproductive and sexual health care is impeded. Participatory strategies should be used to ensure that programmes for reproductive and sexual education and health care services are suitable for their specific needs, and that, subject to the appropiate ethical framework and respecting cultural diversity and the confidentiality of the services, such programmes should promote responsible sexual behaviour and help to prevent risks such as those associated with unwanted pregnancies and HIV/AIDS. Appropriate measures should also be taken to ensure that adolescent mothers remain within the educational system.

4. Strengthening the role of civil society

An essential requirement for progress in the fulfilment of the commitments undertaken at the International Conference on Population and Development is to ensure that the various actors of society adhere to the objectives contained in the Programme of Action. This entails creating or strengthening, within the regulatory framework existing in each country, mechanisms for active involvement by civil society in all formulation, decision-making, execution, monitoring and evaluation stages of activities designed to integrate population factors in development policies and programmes, promote gender equity and empowerment of women in all areas of society, guarantee the full exercise of reproductive and sexual rights and the implementation of integrated reproductive health programmes. Such mechanisms should facilitate dialogue regarding population issues on which opinions differ and promote consensus-

building to achieve coordination between the activities of the public sector, non-governmental organizations —particularly women's and youth organizations— and local community organizations.

To that end, the necessary legal, financial and political conditions need to be created so that civil society organizations can cooperate with legislative bodies in reviewing legislation and, where appropriate, can propose reforms and additions. There is also a need to promote awareness among politicians and the public regarding the objectives and strategies proposed in the Programme of Action. Also, through various mechanisms, non-governmental organizations should cooperate with central government agencies and local authorities in the design, implementation and monitoring of population programmes.

5. The role of international cooperation

International assistance, both financial and technical, plays a vital role in activities related to population and development, including monitoring and assessment of the fulfilment of the Programme of Action. For the less developed countries —which face the greatest challenges in fully implementing the Programme of Action— international assistance will remain indispensable for many years to come. For other countries, international cooperation is needed to facilitate transfers of experience and knowledge, strengthen civil society organizations and their linkage into subregional and regional networks, and generate innovative initiatives, particularly those intended for the most disadvantaged sectors of society and other groups considered of priority concern in social policy. This entails strengthening mechanisms for consultation and coordination among multilateral and bilateral international bodies and between them and Governments so that a programme approach can be adopted in order to avoid the fragmentation of external resources and duplication of efforts. Resources should be directed towards the priority goals for each country. To ensure its effectiveness, the coordination should also include international non-governmental organizations.

In planning for the use of external resources —and in order to avoid underutilization, low efficiency, and insufficient social impact— donor agencies should take into account national priorities and the absorption capacity of countries and executing agencies, as well as the magnitude of the needs and deficiencies. The effectiveness of technical assistance provided by international organizations should be improved, and it should be focused on high-priority objectives in coordination with national human resources, with a view to reinforcing the latter and encouraging self-sufficiency. In view of the countries' need for geographically disaggregated information, international financial and technical support is essential for the year 2000 round of censuses. Lastly, horizontal cooperation schemes in the areas of technical assistance and human resource training should be improved.

6. Monitoring progress in achieving the goals contained in the Programme of Action

The political will expressed in the agreements adopted at Cairo entails monitoring and evaluation of progress in achieving the goals contained in the Programme of Action. The consistency and complementarity of these goals with those agreed at other international conferences —relating to health, education, childhood, the environment, nutrition, human rights, social development, women and human settlements— demonstrate the need to establish integrated monitoring and evaluation mechanisms. It is therefore necessary to invest financial and intellectual resources in the construction of management support information systems, in accordance with cost-effectiveness criteria, to evaluate the effectiveness of actions undertaken to comply with the objectives of the Programme of Action and other international conferences. This entails the design and improvement of methods and indicators so that quantitative and

qualitative measurements can be made, incorporating the perspectives of both Governments and civil society.

These monitoring and evaluation tasks require timely, reliable and relevant information, broken down along social, gender and geographical lines; and this in turn requires data collection and analysis. It is therefore suggested that a programme should be created for the provision of credit facilities by international financial agencies, to ensure the feasibility of carrying out national population censuses as part of the census round of the year 2000.

In order to strengthen national monitoring and evaluation activities, a technical coordination mechanism is needed at the regional level. Within the framework of respect for each country's sovereignty, it should incorporate the work of national bodies, and these should include representatives of the various sectors of society, such as social, cultural and religious institutions. This mechanism should take into account, evaluate and disseminate the experience gained by the countries that have established national cooperation committees to monitor the attainment of the objectives of the Programme of Action. In small countries such as the small island States of the Caribbean, it may be preferable to create mechanisms combining national focal points with a subregional body.

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ANNEX I

Position and reservations of the Argentine Republic for the open-ended meeting of the Presiding Officers of the Ad Hoc Committee on Population and Development of the Economic Commission for Latin America and the Caribbean on the review and appraisal of the implementation in Latin America and the Caribbean of the Programme of Action of the International Conference on Population and Development

(Santiago, Chile, 14-15 December 1998).

With reference to the draft report entitled "Latin America and the Caribbean: review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development", and in accordance with the terms of its Constitution and the rules and standards of international law, the delegation of the Argentine Republic reaffirms *inter alia* the following principles enshrined in the Constitution of Argentina: the inviolability of human life, the protection of children from the moment of conception, freedom of conscience and religion, the protection of the family as the basic unit of society, the primary right of parents to bring up their children, and the principle of respect for sovereignty.

The Government of Argentina therefore wishes to place the following on record:

1. The population policy of the Argentine Republic is enshrined in its Constitution, which embodies both the Convention on the Elimination of All Forms of Discrimination against Women and the Declaration on the Rights of the Child and its reservations.

2. The Government of Argentina reaffirms the principles which it expressed at the appropriate time during the Internation Conference on Population and Development and, in particular, as the Government of one of the States of the Latin American region, it is convinced that the population problems of Latin America are due, not to the numbers of its inhabitants, but to the difficulty of access to the benefits of development and to the generation and redistribution of wealth. The modernization of economic structures which has been carried out in the countries of the region has undeniably produced many benefits, but it must be recognized that in many cases it has also contributed to the worsening situation of the most vulnerable sectors of the population. Efforts in the sphere of international cooperation should be oriented towards helping these sectors.

3. As part of the globalization process in which we are currently involved, Argentina believes that the cultural diversity of Latin America as a region can make a positive contribution to the worldwide situation. Almost five years after the International Conference on Population and Development, Argentina recognizes the long-lasting diversity of the countries of the region.

4. The words "the emergence of new institutional models designed to integrate sociodemographic variables into development policies and programmes", on page 9 of the aforementioned draft report, are not to be interpreted as calling for a "monocultural" structure; on the contrary, policies and programmes should be developed in such a way as to reinforce the cultural identity of each of the countries of the region, as a contribution to the global culture.

5. The Argentine Republic considers that the globalization of socio-economic relations cannot ignore different cultures within the region; on the contrary, the social, ethical and religious contribution of those cultures to the international community should be encouraged, and they should not be weakened by population planning which would be in contradiction with the varied world views they represent.

6. The Government of Argentina considers that in the sphere of health, discussion of population issues should not be limited to the issue referred to as "reproductive health" in the working documents. Argentina believes that the concept of comprehensive health care is the most important factor for safe motherhood, and that a greater percentage of international cooperation funds for population activities in the region should be devoted to basic medicines, enabling health care to be provided to the population throughout all the stages in a person's life cycle.

7. Population and development goals should be a matter for the competence and sovereignty of each country, in accordance with the fundamental principles and orientation of national policies, and guided by respect for human dignity and free and responsible decision-making by individuals.

8. Stability in world population should not be sought through measures decided upon by Governments or supranational bodies or institutions, contradicting the freedom of decision of individuals and families and ignoring the religious, ethical and cultural values of local communities.

9. Family planning should be based on freedom of decision and respect for the human rights of spouses, without State interference, particularly in the education and health spheres.

10. Demographic growth is not necessarily the result of underdevelopment or the cause of poverty and food insecurity. Policies to promote food security should be based on the education and development of the human person and, fundamentally, on social justice at both local and international levels.

11. Particular emphasis should be placed on the education and health of the population, within a framework of comprehensive health care. In particular, women's health needs should be considered comprehensively, taking into account the various stages in their lives: infancy, childhood, adolescence, adulthood, menopause and the post-menopausal period. To emphasize only the childbearing years would be to neglect factors affecting women's overall health, which vary from one country to another in the region.

12. Reproductive health services should be provided with respect for individual freedom of decision and taking into account the ethical values to which they adhere. The Argentine Republic reaffirms the principle of the primary responsibility of parents for issues concerning the health and upbringing of their minor children, in accordance with the provisions of the Convention on the Rights of the Child. Under no circumstances should reproductive health services include abortion, surgical or chemical, either as a service per se or as a birth control method.

13. The capacity of women to make decisions in the various spheres of life depends, not on systematic reduction of fertility, but on promoting their integration at all levels of education and on implementing measures to ensure equal opportunities.

14. Regarding the paragraph which refers to "a cultural shift to reshape the patterns of interaction between women and men", Argentina considers that this cannot imply that the roles of men and women are freely interchangeable without regard for the circumstances. Flexibility in gender roles cannot override the characteristics inherent to male and female persons.

15. The Argentine Republic considers that, within the framework of responsibilities shared by men and women, couples and individuals should be given the opportunity to exercise their rights as human persons and should receive health care at all stages of their life cycle.

16. The regional report must refer to the need to strengthen the family within the framework of population and development policies. (Programme of Action of the International Conference on Population and Development, chapter V, paragraph 5.1: "the basic unit of society".)

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